

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**WELL PLUGGING RECORD**  
K.A.R. 82-3-117

Form CP-4  
March 2009  
Type or Print on this Form  
Form must be Signed  
All blanks must be Filled

OPERATOR: License #: 3273  
Name: Herman L. Loeb  
Address 1: Box 838  
Address 2: \_\_\_\_\_  
City: Lawrenceville State: IL Zip: 62439 + \_\_\_\_\_  
Contact Person: Alan Vratil  
Phone: ( 620 ) 886-2419  
Type of Well: (Check one)  Oil Well  Gas Well  OG  D&A  Cathodic  
 Water Supply Well  Other: \_\_\_\_\_  SWD Permit #: \_\_\_\_\_  
 ENHR Permit #: \_\_\_\_\_  Gas Storage Permit #: \_\_\_\_\_  
Is ACO-1 filed?  Yes  No If not, is well log attached?  Yes  No  
Producing Formation(s): List All (If needed attach another sheet)  
\_\_\_\_\_ Depth to Top: 4728 Bottom: 4743 T.D. 4850  
\_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_  
\_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_

API No. 15 - 007-22532-00-00  
Spot Description: \_\_\_\_\_  
SE NW SE SW Sec. 25 Twp. 34 S. R. 14  East  West  
902 Feet from  North /  South Line of Section  
3,516 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Barber  
Lease Name: Thrumman B Well #: 4-25  
Date Well Completed: \_\_\_\_\_  
The plugging proposal was approved on: 9/22/2011 (Date)  
by: Eric MacLaren (KCC District Agent's Name)  
Plugging Commenced: 9/22/2011  
Plugging Completed: 9/27/2011

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out
		Surface	10 3/4	416	None
		Production	4 1/2	4849	2400

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Run tubing to 4640', spot 50sx 60/40 POZ 4% gel, lay down tubing, cut casing, lay 2400' casing down, run tubing to 1st 600', pump 5sx gel, 50sx 60/40 POZ 4% gel, 2nd 440', 75sx cement, 3rd 60', circulate 30sx cement to surface

Plugging Contractor License #: 5105 Name: Clarke Corporation  
Address 1: P.O. Box 187 Address 2: 107 W. Fowler  
City: Medicine Lodge State: KS Zip: 67104 + \_\_\_\_\_  
Phone: ( 620 ) 886-5665  
Name of Party Responsible for Plugging Fees: Herman L. Loeb

State of Kansas County, Barber, ss.  
Mark Morgenstern  Employee of Operator or  Operator on above-described well.  
(Print Name)

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.  
Signature: Mark Morgenstern

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

RECEIVED  
OCT 03 2011  
KCC WICHITA